01-07 08

PART B - FEE(S) TRANSMITTAL							
Complete and send t	his form, together wit		ee(s), to: <u>N</u>	<u>Mail</u>	Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg	r Patents	1
	1.02	<i>E</i> ]	or	Fax	(703) 746-4000		
INSTRUCTIONS: This for appropriate. All further conindicated unless corrected maintenance fee notification	rm should be used for the respondence including the below or directed otherwise as.	emitting the ISSU Patent, advance or in Block I, by (a				ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sep	hould be complete correspondence ad arate "FEE ADDR
CURRENT CORRESPONDENCE 28075 75	any change of address)			Fee(s) Transmittal. The papers. Each additional	mailing can only be used f is certificate cannot be used il paper, such as an assignme of mailing or transmission.	for any other accom	
CROMPTON, SI 1221 NICOLLET A SUITE 800 MINNEAPOLIS, N	LC	CERTIFICATE UNDER 37 C.F.R. 1.  I hereby certified that this Fee Transmittal is being deposite Service, "Express Mail Post Office to Addressee" having an Exlabel number of: EV 314496251 US, in an envelope addressed the date indicated below.		deposited in the US Postal ng an Express Mail mailing			
10/2005 RMEBRAH1 00000				Kathleen L. Boekley		(Deposi	
		Kath		Kathleen	- L Boekler		
C:1504 C:8001 C:2501 15-00 1				January 4, 2	nuary 4, 2005 O		
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY DOCKET NO.	CONFIRMATION
09/940,266 08/27/2001				I. Bardy		032580.0023.CIP1	5571
TITLE OF INVENTION: BIPHASIC WAVEFORM FOR ANTI-TACHYCARDIA PACING FOR A SUBCUTANEOUS IMPLAN CARDIOVERTER-DEFIBRILLATOR							
APPLN. TYPE	APPLN. TYPE SMALL ENTITY ISSU		FEE I		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685			\$300	\$985	01/05/2005
EXAMINER ART			NIT CLASS-SUBCLASS				
MULLEN, KRISTEN DROESCH 37			2 607-014000				
1. Change of correspondence	ee Address" (37	2. For printing on the patent front page, list					
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  1 CROMPTON, SEAGER & TUFTE, LLC				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			registered attorney or agent) and the names of up to				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Cameron Health, Inc. San Clemente, California							
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the p	oatent):	Individual 🚨 Co	orporation or other private gr	oup entity 🚨 Gov
4a. The following fee(s) are	enclosed:	4b	. Payment of	Fee(s):			
Issue Fee	A check in the amount of the fee(s) is enclosed.						
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies One (1)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of		The Director is hereby authorized by charge the required fee(s), or credit any overpay Deposit Account Number 50-0413 (enclose an extra copy of this form).					
_ ~ .	(from status indicated above MALL ENTITY status. See	•	☐ h Annlie	cant is no	longer claiming SMA	LL ENTITY status. See 37 C	FR 1 27(a)(2)
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified abo NOTE: The Issue Fee and Publication fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or othe interest as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature SavrdM Comph Date 01/04/05							

01/

Typed or printed name <u>David M. Crompton</u>

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, prepa submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Comme Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. B Alexandria, Virginia 22313-1450.

Registration No. 36,772

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.